TESTIMONY OF
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BEFORE THE
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Mr. Chairman and members of the subcommittee, I am pleased to be here today to discuss the ongoing steps that the Department of Veterans Affairs (VA) is taking in order to meet the mental health care needs of our Nation's returning veterans.

Care for Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans is among the highest priorities in VA's mental health care system. For these veterans, VA has the opportunity to apply what has been learned through research and clinical experience about the diagnosis and treatment of mental health conditions; to intervene early; and to work to prevent the chronic or persistent courses of illnesses that have occurred in veterans of prior eras.

Since the start of the Global War on Terror (GWOT) until the end of FY 2006, over 631,000 veterans have been discharged. Approximately 32.5 percent have sought care from the Veterans Health Administration (VHA) medical facilities, and, of these, 35.7 percent have had diagnosis of a possible mental health condition or concern. This makes mental health second only to musculoskeletal conditions among the classes of conditions seen most frequently in these returning veterans.

Somewhat less than half of the returning veterans with a mental health condition who are seen in our medical facilities have a possible diagnosis of post-traumatic stress disorder (PTSD), making it the most common of the mental health conditions. However, PTSD is not the whole story. Among the diagnosable conditions, mood disorders as a group, when added together, are more common. Moreover, many veterans experience non-specific stress-related symptoms that may be viewed more appropriately as normal reactions to abnormal situations in combat, rather than any disorder.

In response to the growing numbers of veterans returning from combat in OIF/OEF, the Vet Centers initiated an aggressive outreach campaign to welcome home and educate returning service members at military demobilization and National Guard and Reserve sites. Through its community outreach and coordination efforts, the Vet Center program also provides access to other VHA and Veterans Benefits Administration (VBA) programs. To augment this effort, the Vet Center program first recruited and hired 50 OEF/OIF veterans in February 2004 to provide outreach to their fellow veterans. An additional 50 were hired by March of 2005. When outreach leads to identification of mental health conditions, veterans have a choice. They may receive care in Vet Centers, medical facilities, or both. Last week Secretary Nicholson announced plans to hire an additional 100 OEF/OIF veterans to conduct outreach at both Vet Centers and VA medical facilities.

VA's approach to PTSD is to promote early recognition of this condition for those who meet formal criteria for diagnosis and those with partial symptoms. The goal is to make evidence-based treatments (i.e., psychological, pharmacological, and rehabilitative) available early to prevent chronicity and lasting impairment.

Throughout VHA, there is a sense of urgency about reaching out to OIF/OEF veterans, engaging them in care, screening them for mental health conditions, and making diagnoses, when appropriate. Screening veterans for PTSD and other stress related conditions is a necessary first step towards helping veterans recover from the psychological wounds of war. In cases where there is a positive screen, patients are further assessed and referred to mental health providers for further follow-up and treatment, as necessary.

We recognize that even in America in 2007, there can still be some degree of stigma associated with mental health conditions and their treatment. That is why VA offers a number of options, for example for care in mental health specialty services, Vet centers, or, increasingly for mental health services provided in primary care settings. When veterans with severe symptoms are reluctant to enter care, we are prepared to educate them and their families, and to work with them to overcome resistances. When veterans with milder symptoms are reluctant, we watch them over time, and urge treatment if symptoms persist or worsen.

VA has been a leader in research as well as clinical services for PTSD. Last week, the Journal of the American Medical Association (JAMA) included an article describing the benefits of a specific behavioral treatment for PTSD. Before the results were even published, VHA was establishing training programs to make this intervention available to our patients. The translation from research into clinical practice will not be instantaneous, but it can be accomplished more rapidly in VA than in any other clinical setting.

Thank you, again, Mr. Chairman, for the opportunity to be here.